

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90066 006 ****61.25

DOCUMENT # N95000003381

1. Entity Name

SEBRING DOWNTOWN MERCHANTS AND PROFESSIONAL ASSO
CIATION, INC.

Principal Place of Business

Mailing Address

129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

POST OFFICE BOX 1322
SEBRING FL 33871-1322

933145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1861882

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOLLUM, JAMES F
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME RIMER, JAMES M ☒ Delete
STREET ADDRESS 207 S. CIRCLE
CITY-ST-ZIP SEBRING FL 33870

TITLE P
NAME Clogston, Robert D ☒ Change ☐ Addition
STREET ADDRESS 116 N. Ridgewood Dr
CITY-ST-ZIP Sebring, FL 33870

TITLE SD
NAME BELL, ROSE H ☒ Delete
STREET ADDRESS 1831 SE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL 33870

TITLE SD
NAME Barbara O. HAGE ☒ Change ☐ Addition
STREET ADDRESS 1207 CORVETTE AVE
CITY-ST-ZIP Sebring, FL 33872

TITLE TD
NAME SHOEMAKER, JANICE M ☒ Delete
STREET ADDRESS 305 SOUTH CIRCLE
CITY-ST-ZIP SEBRING FL 33870

TITLE TD
NAME ALLISON Jacobs ☒ Change ☐ Addition
STREET ADDRESS 300 N. CIRCLE
CITY-ST-ZIP Sebring, FL 33870

TITLE D
NAME SBIEGAY, JOHN ☐ Delete
STREET ADDRESS 253 MINI RANCH RD.
CITY-ST-ZIP SEBRING FL 33870

TITLE D
NAME Justin Williams ☒ Change ☐ Addition
STREET ADDRESS 139 W. Center AVE
CITY-ST-ZIP Sebring, FL 33870

TITLE D
NAME MORRIS, TERRILL ☐ Delete
STREET ADDRESS 307 S. COMMERCE AVE
CITY-ST-ZIP SEBRING FL 33870

TITLE D
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME WILLIAMS, PEPPER ☒ Delete
STREET ADDRESS 102 COOPER RD
CITY-ST-ZIP SEBRING FL 33870

TITLE D
NAME Peter Coughlin ☒ Change ☐ Addition
STREET ADDRESS 3750 U.S. 27, North, Suite 1
CITY-ST-ZIP Sebring, FL 33870

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (863) 385-8850

CR2E037 (9/01)